

## PART B - FEE(S) TRANSMITTAL

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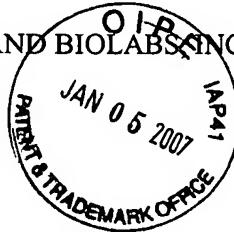
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28986 7590 11/13/2006

HARRIET M. STRIMPEL; NEW ENGLAND BIOLABS INC.  
240 COUNTY ROAD  
IPSWICH, MA 01938-2723

01/05/2007 BABRAHA2 00000050 10616689

01 FC:2501 700.00 OP  
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### Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

Leslie Goldberg	(Depositor's name)
<i>Leslie Goldberg</i>	(Signature)
January 3, 2007	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/616,689	07/10/2003	Richard D. Morgan	NEB-228	1635

**TITLE OF INVENTION:** NOVEL TYPE II RESTRICTION ENDONUCLEASE, CSTMI, OBTAINABLE FROM CORYNEBACTERIUM STRIATUM M82B AND A PROCESS FOR PRODUCING THE SAME

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$0	\$700	\$700	02/13/2007

EXAMINER	ART UNIT	CLASS-SUBCLASS
PATTERSON, CHARLES L JR	1652	536-023200

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
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2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

*1 Harriet M. Strimpel*

*2*

*3*

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

New England Biolabs, Inc.

Ipswich, MA

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

4a. The following fee(s) are submitted:

Issue Fee  
 Publication Fee (No small entity discount permitted)  
 Advance Order - # of Copies 10

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A check is enclosed.  
 Payment by credit card. Form PTO-2038 is attached.  
 The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number \_\_\_\_\_ (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Date January 3, 2007

Typed or printed name Harriet M. Strimpel, D.Phil.

Registration No. 37,008

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